ARIZONA DEPARTMENT OF WATER RESOURCES

Water Management Division 3550 North Central Ave, 2nd Floor Phoenix, Arizona 85012-2105 Phone (602) 771-8500 Fax (602) 771-8689

APPLICATION FOR UNDERGROUND STORAGE FACILITY PERMIT (A.R.S. § 45-811.01)

FOR OFFICE USE ONLY The initial fee for an Underground Storage Facility Permit Application is \$2,000. Total fees for this application are based upon Application No.: an hourly billable rate, which can be found on the ADWR web site @www.azwater.gov. If the costs of reviewing your application Date Received: exceed \$2,000, you will be invoiced for the difference, up to a maximum total fee of \$65,000. Payment may be made by cash, check, or credit card (if you wish to pay by credit card, please contact the Recharge Program at 602-771-8599). Checks should be made payable to the Arizona Department of Water Resources. In addition to the hourly application fee, the applicant must pay any review-related costs associated with the application and the actual cost of mailing or publishing any legal notice of the application or any notice of a predecision administrative hearing on the application. Review-related costs are: (1) costs associated with a pre-decision hearing on the application, such as court reporter services and facility rentals for the hearing, and (2) mileage expenses for a site visit conducted before issuing a decision on the application. Failure to enclose the initial application fee will cause the application to be returned. Fees for an Underground Storage Facility Permit Application are authorized by A.R.S. § 45-871.01 and A.A.C. R12-15-103. FACILITY DESIGN: (check one) APPLICATION FOR: (check one) ☐ Constructed ☐ Underground Storage Facility (USF) ☐ Managed Modification of USF permit no.: 71-_ ☐ Renewal of USF permit no.: 71-GENERAL INFORMATION 1. Name of Applicant: _____ Mailing Address City State Contact Person: ______Telephone: _____Fax: ____ 2. Is this a State Demonstration Project? _____ Yes ____ No (NOTE: Pursuant to A.R.S. § 45-893.01, only Conservation Districts qualify to participate in State Demonstration Project program.) Name of Active Management Area or Irrigation Non-Expansion Area where the facility will be located:

(If the facility is NOT located within an AMA or INA, please indicate "NONE.")

4. Name of groundwater basin and subbasin where the facility will be located: ____

	Legal description of the location of the facility:					
	(quarter/quarter/quarter/section	, township and range –	- see Appendix C of USF Application Guide)			
6.	Does the applicant own the land	where the facility is to	be located? Yes No			
7.	The total design capacity of the	facility:				
	The total design capacity of the facility:					
8.	The maximum annual amount o	orage at this facility:(acre-feet per year)				
9.	Proposed duration of permit:					
· ·	(years)					
10.	Type of source water to be store	d:				
	☐ CAP Water	☐ Effluent	Decreed and AppropriativeSurface Water			
	If Decreed and Appropriati	ve Surface Water, list ri	iver(s):			
11.	I agree under penalty of law to o	dplain use permit from the county flood control district bet				
	beginning any construction activities, as required by A.R.S. § 45-811.01(C)(4). ☐ Agree ☐ Disagree					
12.	For managed USFs where effluent will be stored only: Are you requesting that this facility be designated as a fa					
	that could add value to a national park, national monument or state park, as described in A.R.S. § 45-811.01(D)?					
	☐ Yes ☐ No					
	If yes, please submit a completed USF Permit Application Supplement to designate a Managed Underground Stora					
	Facility as one that could add value to a national park, national monument, or state park and all additional information					
	described on the USF Permit Application Supplement.					
13.	For permit modifications only , give a brief description of the modification(s) requested by this application:					
		SUPPORT	FING EVIDENCE			
sub: peri	mitted prior to receiving a comple	e been included with the ete and correct determinapply to the modification	his submittal. For a new USF application, all items must ation by the Department. For a modification to an existing			
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16. Legal Requirements:	☐ Fin	ancial Capability	☐ Legal Access	
	NOTA	RIZED SIGNATURE		
I (We),under the penalty of perjury, that the information and belief true, correct and complete.				
Telephone		Signature of owner or authorized agent		
		- Title		
Mailing Address		City	State	Zip
STATE OF ARIZONA County of)) ss.)			
Subscribed and sworn to before me this		day of	, 20	
Notary Public				
My commission expires				